



Member Services
 1-888-469-6322
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**Medical Plan Monthly Rates
 ACA Group Bronze Plans
 2026-27 Plan Year
 (Effective October 1, 2026)**

OEBB Bronze Plan w/Pharmacy	Tier-Rated Groups	
OEBB Rates	Employee Only	Employee + Child(ren)
Moda Health	\$533.12	\$1,013.00
Kaiser Permanente	\$346.21	\$657.80
COBRA	Employee Only	Employee + Child(ren)
Moda Health	\$543.78	\$1,033.26
Kaiser Permanente	\$353.13	\$670.95